

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Right to Life Political Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00111278	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Eu Services		Date M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address P.O. Box 75241		Amount 2451.75	
City Baltimore State MD Zip Code 21275-5241		Transaction ID: E9328C9DC736E4A1EBF7	
Purpose of Expenditure S2MO00353 Printing		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		2006	
Full Name (Last, First, Middle, Initial) of Payee Wysl-am		Date M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address P.O Box 236		Amount 464.40	
City Avon State NY Zip Code 14414		Transaction ID: E5AC264E606E14E7D981	
Purpose of Expenditure H8NY27077 Ad		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Thomas M. Reynolds		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 5686.99		2006	
(a) SUBTOTAL of Itemized Independent Expenditures		2916.15	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carol Tobias Signature		Date M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 9	